

Town of Westford

55 Main Street
Westford, MA 01886
(978) 692-5501

EMPLOYEE CHANGE OF ADDRESS/NAME FORM

Name: _____
Social Security#: _____
Department: _____

Section A: Address Change

Please complete this section if you have moved or your mailing address has changed.

Old Address:	New Address:
_____	_____
_____	_____
_____	_____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

New Phone Number: () _____

Section B: Name Change

Please complete this section if you had a legal name change. Please provide this office with a copy of your new Social Security card.

Former Name: _____
Current Name: _____
Effective Date of Change: _____

Section C: Signature

Important: Without your signature, we will be unable to process the changes you have requested. A change in name MUST be matched by your authorizing signature with the new name and should not be submitted until the new name is in effect.

Print Name: _____
Signature: _____

Please Return To Westford Town Hall, Attention Human Resources

For Office use ONLY:

- ☐ Retirement:
- ☐ Health Insurance
- ☐ Dental Insurance
- ☐ Deferred Comp / OBRA
- ☐ Payroll
- ☐ Other: _____